

POSITION

INITIALS

ID NO.

DATE

FEE DETERMINATION
O.I.P.E. CLASSIFIER
FORMALITY REVIEW
RESPONSE FORMALITY REVIEW

3
 5/1
 535

CG 27-01

INDEX OF CLAIMS

| | | | |
|---------------------|------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - (Through numeral) | Canceled | A | Appeal |
| : | Restricted | O | Objected |

| Claim | Date |
|-------------|--------|
| Final | |
| Original | |
| 1 (16/3/67) | 2/2/67 |
| 2 | |
| 3 | |
| 4 (4) | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 (1) | |
| 15 | |
| 16 | |
| 17 (1) | |
| 18 (18) | |
| 19 (19) | |
| 20 (20) | |
| 21 (21) | |
| 22 (22) | |
| 23 | |
| 24 | |
| 25 | |
| 26 | |
| 27 | |
| 28 (28) | |
| 29 (29) | |
| 30 (30) | |
| 31 (31) | |
| 32 (32) | |
| 33 (33) | |
| 34 (34) | |
| 35 (35) | |
| 36 | |
| 37 | |
| 38 | |
| 39 (39) | |
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| 41 | |
| 42 | |
| 43 | |
| 44 | |
| 45 | |
| 46 | |
| 47 | |
| 48 | |
| 49 | |
| 50 | |

| Claim | Date |
|-------------|--------|
| Final | |
| Original | |
| 51 (6/2/67) | 2/2/67 |
| 52 | |
| 53 | |
| 54 | |
| 55 | |
| 56 | |
| 57 | |
| 58 | |
| 59 | |
| 60 (60) | |
| 61 | |
| 62 | |
| 63 | |
| 64 | |
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| 81 | |
| 82 | |
| 83 | |
| 84 | |
| 85 | |
| 86 | |
| 87 (87) | |
| 88 | |
| 89 | |
| 90 | |
| 91 | |
| 92 | |
| 93 | |
| 94 | |
| 95 | |
| 96 | |
| 97 | |
| 98 (98) | |
| 99 | |
| 100 | |

| Claim | Date |
|--------------|--------|
| Final | |
| Original | |
| 101 (3/2/67) | 2/2/67 |
| 102 | |
| 103 | |
| 104 | |
| 105 | |
| 106 | |
| 107 | |
| 108 (108) | |
| 109 | |
| 110 | |
| 111 | |
| 112 | |
| 113 | |
| 114 | |
| 115 | |
| 116 | |
| 117 | |
| 118 (118) | |
| 119 (119) | |
| 120 | |
| 121 | |
| 122 | |
| 123 | |
| 124 (124) | |
| 125 (125) | |
| 126 (126) | |
| 127 (127) | |
| 128 (128) | |
| 129 (129) | |
| 130 (130) | |
| 131 (131) | |
| 132 (132) | |
| 133 (133) | |
| 134 | |
| 135 | |
| 136 | |
| 137 (137) | |
| 138 | |
| 139 | |
| 140 | |
| 141 | |
| 142 | |
| 143 | |
| 144 | |
| 145 | |
| 146 | |
| 147 | |
| 148 | |
| 149 | |
| 150 | |

If more than 150 claims or 10 actions
 staple additional sheet here

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